

Inventor Information

Inventor One Given Name::	James R.
Family Name::	Mattox
Name Suffix::	
Postal Address Line One::	3633 Thyme Drive
Postal Address Line Two::	
City::	Rockford
State or Province::	IL
Country::	USA
Postal or Zip Code::	61104
Citizenship Country::	USA

Given name of Applicant::

Family Name::	
Name Suffix::	
Authority under 1.42::	
Authority under 1.43::	
Authority under 1.47::	
Postal Address Line One::	
Postal Address Line Two::	
City::	
State or Province::	
Country::	
Postal or Zip Code::	
City of Residence::	
State or Prov. of Residence::	
Country of Residence::	
Citizenship Country::	

Correspondence Information

Correspondence Customer Number::	00164
Telephone::	612/339-1863
Fax::	612/339-6580
Electronic Mail::	drdufault@kinney.com

Application Information

Title Line One:: DEBRIS REMOVAL SYSTEM
Title Line Two::
Total Drawing Sheets:: 10
Formal Drawings?:: No
Application Type:: Utility
Docket Number:: E248.12-0003
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/414,112	September 28, 2002

Foreign Priority Information

Country::	Application No)::	Filing Date::	Priority Claimed::

Assignee Information

Name::

Address line one::

Address line two::

City::

State or Province::

Postal or zip code::